M	WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	
D FOR BINDING	IIS IS A PERMANENT RI be stated EXACTLY. be properly classified. Ex of certificate.	
ARGIN RESERVED FOR BINDING	'H UNFADING INK-TH y supplied. AGE should ain terms, so that it may See instructions on back	
V. R. No.A	N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	

	-CERTIFICATE OF DEATH 11836
1. PLACE OF DEATH	
County Caroline	Registration Dist. No. 6
Village or City Zlear Deulan	NoSt., Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurredyrs,	mosds How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Jacque Carrace C	without.
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY That I attended deceased from
3 3 md /	86 Nastrawh 4 alive on 700 2 193 death is said
6. DATE OF BIRTH (month, day, and year)	0 20
7. AGE Years Months Pays If LESS that I day,	
0rmin.	were as follows: Oate of onset
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	193,
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	Carles vaseuler
SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and year) spent in this occupation.	Mercu
12. BIRTHPLACE (city or town) Zuear Dullan	Other Coutributory Causes of Importence:
(Stata or country)  13. NAME Cobii Cuefficue  14. BIRTHPLACE (city or town)	<b>-</b>
14. BIRTHPLACE (city or town)	Name of operation
(State or country) Turnsland	What test confirmed diagnosis? Wes there en autopsy?
15. MAIDEN NAME Pelisabetts Melvie	- 23, If death was due to external causas (VIOLENCE) fill in also tha following:
15. MAIOEN NAME CLES OF THE MILEURE  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Oate of Injury, 19
17. INFORMANT Mes of Jobis Bucome	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place Place Parties Parties 19 19 19 19 19 19 19 19 19 19 19 19 19	Manner of injury
19. UNDERTAKER J. 2/12/100022	24. Was disease or Injury in any way related to occupation of deceased?
20. FILEO 11-5 ,1972/14 NG Yeary	(Signed) Alluson Group & M. O
Registrat	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 DEC 1 B			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAN	D-CERTIFICATE OF DEATH
1. PLACE OF DEATH	157-E
county Caroline	Registration Dist. No. Let
Village or City D'eder als Burg,	No. St., Ward
Length of residence in city or town where death occurredyrs	(If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Grand Horsond	Chase.
7	
(a) Residence: No. Clean Stand	Mard.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the v	VED. (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) Hov. 9" 193	5   last saw h & M alive on NVV 10 1932 doath is said
7. AGE Years Months Days If LESS	
2   1 day,	THE FRINCIPAL CAUSE OF DEATH AND TENDED COURSES OF HIMPORTAINES
8. Trade, profession, or particular kind of work done, as SPINNER,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
SAWYER, BOOKKEEPER, etc.	Conglinga - Alay
work was done, as SILK MILL, SAW MILL, BANK, etc.	auguse
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month end year)  year)  11. Total time (years) spant in this occupation occupation	
12. BIRTHPLACE (city or town) D's ober alalang.	Other Contributory Causes of Importance:
	704,
E 0 10 01 0	News of a secution
4 14. BIRTHPLACE (city or town) Caralyse Co. (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an au opsy?
I 15. MAIDEN NAME Edisabeth Chase	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) tieder also Prura	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT Gosefle Howard Sie	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place & devalstring, udpate 1100.12	932 Nature of injury
19. UNDERTAKER F. T'ramplom & Son (Address) Freder als Prusa, Jud	24. Was disease or influry in any way related to occupation of deceased?  If so, specify
20. FILED (100), 12", 1932 ( Francis	(Signed) (Signed) M. D.
If more blanks are needed, address State R	legistrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis SECEVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial hephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

on

Every item of

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balismore, Requesting U. S. No. 1.

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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis To	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
) ULO		Marka and Markage Street Company		
प्राप्त प्र प्राप्त प्	(77)			
Other contributory causes of importance:	A Herital	Other contributory causes of importance:	ary in the	
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE F	FOR FURTHER	STATEMENTS	BY	PHYSICIAN

ARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF PEATH	92-0
County Caraleur CO	Registration Dist. No. 6 6
Village or City Ne Regleg	No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death coursedyrsmost	sds. How long in U.S. if of foreign blrth?yrsmosds.
2. FULL NAME Mary A. Carle	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write, the word)  OR DIVORCED (write, the word)	21. DATE OF DEATH  Moreulas 26 , 1933 2 - (Month) (Day) (Year)
5a. If married, widowed, er-divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Jenues J. Carle	Nov 25 74 1932, to How 26th 1932
6. DATE OF BIRTH (month, day, and year) Oct 1-1844	I last saw h & Y alive on Nov 25 th , 1932, death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12:30 Am.
88 1 25 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER.	(1), Clerouse Endreselettes Quikum
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which	(2) Cerebral Thambair ?) How 25
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and spent in this	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)  (State or country)	Clyoning Brownelett 25 yes.
13. NAME Cleyton Whilt	Sundly
Ξ	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
15. MAIDEN NAME Mary Clayton	23. If death was due to externel causes (VIOLENCE) fill In also the following:
State or country)	Accident, suicide, or homicide?
17. INFORMANT Reclind & Earle (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Cuttriville Date 16078 137	Nature of injury
19. UNDERTAKER Parton Pra	24. Was disease or Injury in any way related to occupation of deceased?
(Address) Custocally had	If so, specify
20. FILED 100281932 Davis	(Signed) A. D. F. France M. D.
Registrar.	(Address) A Reday &
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1/

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis DEC.	1921	Run over by street car	1 week ogo
Cerebrol hemorrhage	July 5,1927	Peritonitis	3 days ago
a second and	1		
	- Ali		
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

•	PLAIN
S. No. 1	I. B.—WRITE PLA

1. PLACE OF DEATH	50)
County Caroline	Registration Dist. No. 62
Village or City Wenton	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	de. How long in U.S. If of foreign birth?
2. FULL NAME annie M. Ford	
(a) Residence: Np.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Temale White Married	21. DATE OF DEATH Nov. 17 - 193 2.
5a. If married, widowed, or different HUSBAND of Cory WIFE of Cory & Fard	12. I HEREBY CERTIFY, That I attended deceased from 19 to 19 19
6. DATE OF BIRTH (month, day, and year) 100.17-1865	I last sew h alive on 10x17 19; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
67 0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Crnew of means, Date of onest
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc  10. Date deceased last worked at this recent in the rec	
20 Date deceased last worked at this occupation (month end year)	
12. BIRTHPLACE (city or town) New Castle, Ca. (State or country)	Other Coutributory Causes of importance:
00:	
13. NAME Chya Chouse 14. BIRTHPLACE (city or town) Caroline Co.	
7 14. BIRTHPLACE (city or town) Caroline Co.	Name of operation Date of
(State or country) // Weyland	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Jaraka C. Henkens	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME  15. MAIDEN NAME  16. BIRTHPLACE (city or town). Pittshukg  (State or country)	Accident, suicide, or homicide?
(State of Country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mason Saytek (Address) Renton Md	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Centremble Date nov. 20, 1932	Nature of injury
19. UNDERTAKER Port W. Edding	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED 11-18, 1932 My AD George	(Signed) M.D.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—V

1. PLACE OF DEATH	CERTIFICATE OF DEATH
County Coroline,	Parietration Diet No.
Village or City Demp Levelle.	Registration Dist. No. St., Ward
	ds. How long in U.S. if of foreign blrth?yrsmosds.
2. FULL NAME Clima 1, 6, Numami	au.
(a) Residence: No. Jemp levelle Md. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) Married	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Welleum / Luwanon.	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) Fish, 30 1866	I last sqw h elive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
66 8 21 1dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance wara as follows:
9 Trade profession or particular	Caraum of literity Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this pecupation (month and	<u> </u>
10. Data deceased last worked at this occupation (month and fauligs 2 spant in this year)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
II 13. NAME Jean Melun.	-
13. NAME Years Malvur.  14. BIRTHPLACE (city or town) Selwary,	Neme of operationOate ofWhat test confirmed diagnosis?What test confirmed diagnosis?
15. MAIOEN NAME Marques Slafford	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Marquest Slafford  16. BIRTHPLACE (city or town) - Declared Control of the contr	Accident, suicide, or homicide? Date of Injury, 19
(State or country) Deleware.	Whare did Injury occur?
17. INFORMANT JMS. Mollès Diggins (Address) Hils high with.	(Specify city or town, county and Stale) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Placa Alleno Grb Date Str. 29, 1932	Nature of Injury
19. UNOERTAKER Lieus burd, Mix	24. Was disaase or Injury In any way related to occupation of deceasad?
20. FILEO 11/22, 19/32 admits Registrar.	(Signed) Of Usatzaffe M. D. (Address) Sull will rud
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CTATE OF MADVIAND CEDTICICATE OF DEATH

11011

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PR make			
Other contributory causes of importance:	i ezemi	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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EGGERALIEV. S.			
Other contributory causes of importance:		Other contributory causes of importance:	Eq. (2).
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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of OCCUPA.

CountyCaroline					on Dist. No.	3		
Vill	Village or City Harmony		No		St	Ward		
Lan	oth of residence	n city or town who	doath assured	- (1f	death occurred in a hospitalds. How long in	or institution, give its NA	ME instead of street a	ind number)
					eus. How long III	o. S. II of foreign pirtiff.	yrs	mosa:
	LL NAME.		F. McC	onnerr				
(a)	Residence: No	)	(Usual place	of abode)	St.,Ward.	If nonreside	ent give city or town	and State
PE	ERSONAL	AND STATIST		Total Control of the	MEDIC	AL CERTIFICAT		
. sex	_	OLOR OR RACE	OR DIVORCE	RIED, WIDOWED, D (write the word) OW	21. DATE OF DE	ATHV.	9	, 193
a. If marr	ied, widowed, or		1 11 45 0	2011		(Month)	(Day)	(Yaar)
(ot) /	AND of VIFE of	. H. McC	onnell		122. / 1- I HER	EBY CERTI	11 6	ded deceased from
DATE O	F BIRTH (month	day, and year)	ec. 22.	1858	I last saw he aliv	11	9 ,,193	death is sai
. AGE	Years	Months	Days	If LESS than	to heve occurred on the d	ate stated above, at 2	12.0	
	73	10	18	1 day,hrs.	The PRINCIPAL CAUSE were as follows:	OF DEATH and related ca	ouses of importance	Date of onset
9. Inc	fustry or busines work was done, SAW MILL, BAN	ne, as SPINNER, KEEPER, etcss in which as SILK MILL, IK, etc	Housewi		Lot as	Sidi	ımıq.	10-30
FO. Da	te deceased lest this occupation yeer)	(month and	spe.	ime (years) ntin this upation				
	PLACE (city or to ate or country)	,	Flats Y.		Other Contributory Cause Our vin	of importanca: Ca	r div	****
13. NA	ME A1	phonsa W	ebber		Dina	<u>u</u> /		
13. NA 14. BH	RTHPLACE (city ( (State or countr		g Flats,		Name of operation	Now	Date o	
15. MA	IDEN NAME	Sarah F	arr		23. If death was due to ext			
15. MA	RTHPLACE (city of	Will/	g Flats,		Accident, suicide, or home	cide?		
	IANT Ph	illip Mc	Connell ton, Md.		Specify whethar injury oc	(Specify city	or town, county and HDME, or in PUBLIC	State) PLACE.
	ce Grov	R REMOVAL		. 12,1932	Manner of injury			
9. UNDER	TAKER W	H. Hol	lis & So	n	24. Was disease or injury  If so, specify	in eny way related to occ	upation of deceased?	No
	20	3, 19 3 Z. A	U. A	1densis	(Signed)	16, Her	nun	/M. I

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BULLE 6 1932			
	2		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. Nd F

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(95-6)
County Dargunes p. p.	Registration Dist. No. 62-
Village or City Healt alsburg 1	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Inlie) Welvin	
(a) Residence: No. Hederalsburn Pe	St. Ward.
(Usual place of abody)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Month  Month  193 2  (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of June Melvin.	22. April HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, end yeer) /848-(5-/	I last saw her alive on 9 2 0 ,193 2 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5.13.0m.
84 6 25 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
Z /8. Trade, profession, or particular Aind of work done as SPINNER	A)
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which	o la vais pas culas
work was done, as SILK MILL, SAW MILL, BANK, etc.	Chritise
Kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spant in this	
year) occupation	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town)	Office Conditional Conditions of Importance,
(State or country) Casighana	
13. NAME Of the there 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city of town)	Name of operation
(State of country) Congramme	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill In also the following:
State or country)	Accident, suicide, or homicide? Date of Injury, 19
2 +4: 00 P. 1	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
17. INFORMANT Malle fallows	Specify whether injury occurred in Industry, in nome, or in Public Place.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Cuncord Date Novy 18, 1932	Nature of injury
19. UNDERTAKER C. W. algung & Bro (Address)	24. Was disease or injury in any state to occupation of deceased?
20. FILED New : 27, 1932 - 7m AO Jesy C. Registrar.	(Signed) (Signed) M. D. (Address) Traditionaling (M. D.
	2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

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Cercbral hemorrhage	July 5,1927	Perilonitis	3 days ogo
W policy and a second			
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 yeor
	1		

V. S. No. 1-

STATE OF N	MARYLAND—	CERTIFICATE	DEAIL	1107)
1. PLACE OF DEATH				1.
County Caroline			Registration Dist. No.	62
Village or City Thear Are	utou (1	NoNo	on, give its NAME instead of	St., Ward
Length of residence in city or town where death occu	urredyrsmos	How long in U.S. if of the	foreign birth?yrs.	ds.
2. FULL NAME Zearge	Telero			
(a) Residence: No.		St., Ward.		•••••
	sual place of abode)	NEDICAL CE	If nonresident give city o	
PERSONAL AND STATISTICAL			RTIFICATE OF D	EATH
	GLE, MARRIED, WIDOWED, DIVORCED (write, the word)	21. DATE OF DEATH	(Month) (Day	£ , 193 32
5e. If married, widowed, or divorced HUSBAND of Or) WIFE of Eccles	Telera"	22. GIHEREBY	CERTIFY, That	
0,	0 2 1-18/1		1932, to Cler	14, 1932 ,1932 death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than	to have occurred on the date stated		., 19_7 death is said
67 6	1 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH		tance
8. Trade, profession, or particular	ormin.	were as follows:		Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	ruer	1	of Ince	1 1932
9. Industry or business in which		- weising		Zaw
work was done, es SILK MILL, SAW MILL, BANK, etc		-	9	
10. Date deceased last worked at this occupation (month end year)	11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town)		Other Contributory Causes of import	tance:	
(State or country)	seery			
13. NAME Phillip 1.	etert	7		
14. BIRTHPLACE (city or town)		Name of operation		Date of
(State or coentry) - Jeru	uang.	What test confirmed diagnosis?	Wa	s there an autopsy?
15. MAIDEN NAME J Gafterice	Laudanok	23. If death was due to external ceus	es (VIOL ENCE) fill in also th	ne following:
15. MAIDEN NAME J Safterine  16. BIRTHPLACE (city or town)		Accident, suicide, or homicide?	Date of inj	ury, 19
∑ (State or country)	warry.	Where did injury occur?	(Specify city or town, cou	10
17. INFORMANT Aus Marga	of Pelers	Specify whether injury occurred in		
18. BURIAL, CREMATION, OR REMOVAL	50 11-12-	Manner of injury		
	11.00.16 10 3	Nature of injury		
Place Culdu Date	- C	Tractic of might y		
0 3/:	Turr	24. Was disease or injury in any way	y related to occupation of de	ceased?
19. UNDERTAKER J. Jing ik.	Turin		y related to occupation of de	ceased?
19. UNDERTAKER D. Tingil	The our	24. Was disease or injury in any wa	y related to occupation of de	ceased?

CENTIFICATE OF DEATH

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPA-A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS mation should be carefully supplied. AGE should be

FOR BINDING

IARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH	546
1. PLACE OF DEATH	(94)	
County Caroline	Registration Dist. No. 4/	
Village or City Lucus burb.	NoSt	Ward
	If death occurred in a hospital or institution, give its NAME instead of street and nosds. How long in U.S. if of foreign birth?mo	
(a) Residence: No.	St. Ward.	
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Now 14 (Month) (Dey)	, 193. <b>2</b> (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs 6 mma a. Peppini	22. Prov 14 (1932, to Nov 14	deceased from
6. DATE OF BIRTH (month, dey, end year) March 16- 1870	I last saw h was alive on nov 14 1932	; death is said
7. AGE Years Months Deys If LESS than 1 day,hrs ormin.	to have occurred on the dete stated above, et //	I Bas also as
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		Date olonset
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10. Date deceased last worked at this occupation (month and wor. 14 spent in this occupation when the second in th		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
12. BIRTHPLACE (city or town) (Stete or country) Way land	Other Contributory Causes of Importance:	
13. NAME Robert. Papping,		
13, NAME Robin . Tappin ,  14. BIRTHPLACE (city or town)  (Stete or country)  Many Land	Name of operation	- Indonesia Seria
15. MAIDEN NAME Que M Shours	23. If deeth was due to externel causes (VIOLENCE) fill in elso the following:	
15. MAIDEN NAME Quice Whates  16. BIRTHPLACE (city or town)  (Stete or country)  Maryland	Accident, suicide, or homicide? Dete of Injury Where did Injury occur?	
17. INFORMANT Mag. & Afeficia. (Address) Greenston Med.	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMOVAL Place Scient Do Date Not 18, 1932	Menner of Injury	
19. UNDERTAKER A. B. Aawlengs, (Address)	24. Wes disease or injury In any way releted to occupation of deceased?	no
20. FILED POT. 15, 1032 L. Mars Popular.	(Signed) has las Alfound for (Address) frem book me	M. D.
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	-		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

X	ECORD. Every frem of infor-	PHYSICIANS should state	act statement of OCCUPA-	
IARGIN RESERVED FOR BINDING	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every frem of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCUPA.	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. B.—WRITE I	mation sho	CAUSE O	TION is v

1. PLACE OF DEATH	MARYLAND-	-CERTIFICATE OF DEATH	20
County Cearolin	2	Registration Dist. No.	
Village or City Dead	ALL (1	NoSt.,St NAME instead of street and number to the street a	War(
Length of residence in city or town where death of		osds. How long in U.S. if of foreign birth?yrsmos	
2. FULL NAME  (a) Residence: No.	Usual place of abode)	St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SI	NGLE, MARRIED, WIDOWED, R DIVORCED (write the word)	21. DATE OF DEATH / (Month) (Day) , 193	2 (Year)
5a. If married, widowed, or divorced HUSBAND of (or)-WIFE-of	Parter	22. THEREBY CERTIFY. That I attended decea	ised from
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months	2 6 18 78 79 Days If LESS than	to have occurred on the date stated above, atm.	theis sai
8 Trade profession or particular	1 day,hrs.	meta as follows.	e of onse
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and	John.	Cancer / facuer and-	
10. Date deceased last worked at this occupation (month and year)	11, Total time (years) spant in this occupation		
12. BIRTHPLACE (city or town). Melangy (State or country)	Caud	Other Coutributory Causes of importance:	
13. NAME Saucel of	arter		
13. NAME Auction 14. BIRTHPLACE (city or town) (Stata or country)	extend.	Name of operation Cadram Mulinum Date of many What test confirmed diagnosis Duri Knur Was there an europe	Sign
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or couplry)	Jones	23. If death was due to external ceuses (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?	19
17. INFORMANT Addles Par (Address)	ter	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,	
18. BURIAL, CREMATION, OR REMOVAL Place Date Date Date Date Date Date Date Dat	e Mort 13, 19 2	Manner of injury	
19. UNDERTAKER (Address)	aylon	24. Was disease or Injury in any way related to occupation of deceased?  If so, specify	
20. FILED 1 - 12,1532 Mar Al	George Registrar.	(Signed) (Address) Alutan	M. I

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	€ 1921	Run over by street car	1 wcck ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
			•	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. ARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—  1. PLACE OF DEATH	82-0	
County Carolino.	Registration Dist. No.	
Village or City Leens bus.	No. St., St., If death occurred in a hospital or institution, give its NAME instead of street and number)	_War
	sds. How long in U.S. if of foreign birth?yrsmos	
2. FULL NAME Alexander Poss.		
(a) Residence: No. Suremabero md.	St. Ward.	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 100 ( 28 ( 193 ( Y)	2/
5a. If marriad, widowed, or divorced HUSBAND of		
(or) WIFE of Raly Ross.	22.   HEREBY CERTIFY, That Latterward decaase	30
7 2 2 181	I last saw MAN alive on 1970 28 198 Beath	
6. DATE OF BIRTH (month, day, and year) 7 ay 23. /85-6 7. AGE Years Months Days If LESS than	I last saw half alive on to have occurred on the date stated above, at + 30m.	15 58
M/ 5 - 1 day,hrs.		
1 O Toronto	ware as fallows: #	of onse
8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	Mybertenhou	
9. Industry or business in which		
work was done, as SILK MILL, SAW MILL, BANK, etc.		
10. Date decassad last worked at this occupation (month and spent in this occupation		
12. BIRTHPLACE (city or town)	Other Cantributery Causes of importanca:	
(State or country) Maryland	(150 mall dellars help-	
13. NAME ale augur tonso,	Course of the second	
13. NAME Carper Conso,	Name of oparation	
(State or country) Mary lund,	What tast confirmed diagnosis? Was there an autopsy?	?
15. MAIDEN NAME Mary Meallee	23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME Mary Peallee  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	9
(State or country) Mary land	Where did injury occur?	
17. INFORMANT Mrs Bygging Sugglabers (Address) 116 abbutt, St Chicles Va	(Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, DR REMOVAL	Manner of Injury	
Place New Dresnaturo Dato Dec /1 , 1932		
19. UNDERTAKER A B Rawlings,	24. Was diseasa or injury in any way release to occupation of daceasad?	
(Address) Sucers by May"	If so, spacify	
20. FILED Nov. 29, 19 acometo ~	(Signal (Addrass) 10 ld Frus Mul	M.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No.

1	STATI	E OF MARY	YLAND-	CERTIFICATE (	OF DEAT	TH 1	1849
1	L PLACE OF DEATH					1 . 1	Oro
	County Carolin				Registration Di	st. No. le H	
	Village or City F 🕏	deralsburg		No	- NABER	St.,	Ward
	Length of residence in city or town	where death occurred		death occurred in a hospital or institut			
	2. FULL NAME Samue	1 William 9	Slacum.				
1		deralsburg		St Ward.		SHOW	
	(a) Nosiderice. No.	(Usual place			If nonresident giv	ve city or town and	State
	PERSONAL AND STA		CULARS		ERTIFICATE	OF DEATH	
	Male, White,	S. SINGLE, MARI OR DIVORCEI Mari	RIFD, WIDOWED, O (write the word)	21. DATE OF DEATH	Nev.	I6th.	, 199 2 (Year)
Ja.	If married, widowed, or divorced HUSBANO of (or) WIFE of Florence	e H. Slacu	n.	Sept. 2	CERTIFY	That I attended	deceased from
6.	DATE OF BIRTH (month, day, and year	Sept. 29	9th.1862	I last saw h /_ 11 elive on	NVV-	p ,1932	death is said
7.		nths Deys	If LESS than  1 day,hrs.	to have occurred on the dete state		•	
_	70 I	17	ormin.	The PRINCIPAL CAUSE OF DEAT were es follows:	H and related causes	of Importance	Oate of onset
NO	8. Trede, profession, or particular kind of work done, as SPINN SAWYER, BOOKKEEPER, etc	8. Trede, profession, or particular kind of work done, as SPINNER. Retired			1/6	. Kulav	21/
OCCUPATION	9-Industry or business in which			Denial	Disi	aze -	7.7
CUR	work wes done, as SILK MILL SAW MILL, BANK, etc						
00	10. Date deceesed last worked et this occupation (months per pear)	t.1929 spor	me (years) it in this 40 pation				
12	BIRTHPLACE (city or town) (State or country)	erchester (	Coa	Other Contributory Causes of impo	Cen Cen	aswe	æ
8	13. NAME Levin	Slacum.					
FATHER		Derchester	Co.	Neme of operation. The	w	Date of	
-	(State or country)	Md		What test confirmed diagnosis?		Was there an e	u opsy?
HER		thy Hubbard		23. If death was due to external cause	ses (VIOLENCE) fill I	n elso the following	
MOT	16. BIRTAPLACE (city or town)	Derchester	C●. Æd.	Accident, suicide, or homicide?	Da	te of injury	, 19
-	(State or country)			Where did injury occur?	(Specify city or to	wn, county end Stet	e)
17		liam Slacui Laburg, Kd.		Specify whether Injury occurred in	INDUSTRY, In HOM	E, or in PUBLIC PLA	ACE.
18	BURIAL, CREMATION, OR REMOVAL	0,		Manner of injury	u		
19	. UNOERTAKER J.T. Fran (Addiess) Fede	ptem & Sen ralsburg.		24. Was disease or Injury in eny wa	ay related to occupati	ion of deceased?	N
20.	FILED TOD, 17", 1932	Atra	Registrar.	(Signed) (Ardress)	Schulle	hug, a	md M.D.

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Chronic interstitial nephritis	1921	Run over by street car.	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
er of sides				
	4			
Other contributory causes of importance:	Committee on the	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
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	0-			

V. S. No. 1 Ř ż

	infor-	state
)	item of	should
	Every	CIANS
	RECORD.	PHYSI
JAKGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
FOR	IS A I	stated
ESERVED	INK-THIS	E should be
TAKGIN K	UNFADING	supplied. AG
	WITH	refully a
	E PLAINLY,	should be cal
)	-WRITI	mation

Exact statement of OCCUPA-

properly classified.

be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

STATE OF	MARYL	AND—CERTIFICATE OF DEATH	11850
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1. PLACE OF DEATH	CERTIFICATE OF BEATTI 11000
County Paroliul	Registration Dist. Np. 66
Village or City Mac Oridgeley (16	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign blrth?
2. FULL NAME Mand Virguis Suit (a) Residence: ND.  (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH / 3 , 193 2 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. OI HEREBY CERTIFY, Thet-I attended deceased from
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  JS  AC  1 LESS than 1 day,hrs. 0 orhrs.	I last saw h alive on 19.5 2; death is said to have occurred on the date stated above, at 2 m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, at Particular SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and this proposition from the particular of the parti	Subre cufgran File
SAW MILL, BANK, etc  10. Data deceased last worked at this occupation (month and year)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Hear Of ide eller (State or country) Transfland	Other Contributory Causes of Importance:
13. NAME CLEX Sueille  14. BIRTHPLACE (city or town) Harring tou (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME CHURA MARACHU  16. BIRTHPLACE (city or town) Zheav Baslau  (State or country)  17. INFORMANT Alex Dieneth Meisbands  (Address)	23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR BEMOVAL Jacks Je Date Nov. 16, 1937	Manner of injury
19. UNDERTAKER VILLE MOORE (Address)  20. FILED Now 15, 19.32  Registrar.	24. Was disease or Injury in any way related to occupation of daceased?  If so, specify  (Signed)  (Address)  M. D.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 2 0 102	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH	11851
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1. PLACE OF DEATH	3 - 20 (31-121:322-41	(2.3)	
County Cenraliu		Registration Dist. No. 62	
Village or City	Falls		Ward
	(H	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?	44
Length of rasidence in city or town where o	leath occurredyrsinos	ds. How long in U.S. if of foreign birth?yrsmos	03.
2. FULL NAME Seffe	u Olirestofi	in Szabill	
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5, SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
male while	OR DIVORCED (write the word)	November 27 193 2	
5a. If married, widowed, or divorced	i married	(Month) (Day) (Yaa	r)
HUSBAND of (or) WIFE of Ida El	in Hartkopp	22. PLE I HEREBY CERTIFY, That i attended deceased 1931, to Tury. 27	from
6. DATE OF BIRTH (month, day, and year)	June 17 = 1901	i last saw h in alive on golf 1, 1932; death i	s said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 1:10 ftm.	
3/ 5	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER,	7	Date of	ouset
SAWYER, BOOKKEEPER, etc.	secuer.	Pulmay Interculous any.	1951
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total time (years)		
this occupation (month and year)	spent in this out		
2.00	1201	Other Contributory Causes of importance;	
12. BIRTHPLACE (city or town) (State or country)	carrend		
13. NAME HERE	- 1:1:11-		
H J L L L L L L L L L L L L L L L L L L	· comme	None of counting	
14. BIRTHPLACE (city or town)	enland.	What test confirmed diagnosis? Lie Mark of Mark Was there an autopsy?	
IS. MAIDEN NAME Afrillia	Florence:	23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME Stattle	applease	Accident, suicide, or homicide?	
2 16. BIRTHPLACE (city or town) (State or country)	Ellarnlaus -	Where did injury occur?	
Year Vaile	7. 11/10	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
17. INFORMANT May May (Address)	LICATION SELECTION	openity whether injury occurred in INDOSTRI, in HOME, of in Poblic PLACE,	
18. BURIAL, CREMATION, OR REMOVAL	10 1010	Manner of injury	
Place Deutan	Date 26. 19.3	Nature of injury	
10 HADEDTAKED	Elemon -	24. Was disease or injury in any way related to occupation of deceased?	
19. UNDERTAKER (Address)	. Testino	if so, specify	
11-30 37.71	AO George	(Signed) and Through	M. D.
20. FILED, 1962.2.//29.	Registrar.	(Address) Deuton hul	
76	11 1 11 11 5 5 1		

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
( gURAA				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

	STATE C	OF MARYLAND-	CERTIFICATE C	OF DEA	TH 111	159
1. PLACE O	F DEATH		(2.)		11	304
County Co	arslin			Registration D	ist. No.	2/
Village & C	the Court	ord	No.		St.,	Ward
Length of resi	idence in city or town where		death occurred in a hospital or institutionds. How long in U.S. if of			
2. FULL NA	().	we show.	1-		,10	
(a) Residen	The same	percey forego	St. Ward.			
(a) Residen		(Usual place of abode)	St,wale.	If nonresident g	ive city or town	and State
	IAL AND STATIST	ICAL PARTICULARS	MEDICAL CE	RTIFICATE	OF DEATH	
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	(Month)	4	, 193 2
5e. If merried, widow HUSBAND of	ved, or divorced			(month)	(Dey)	(Yeer)
(or) WIEE of		161-	22 May HEREBY	SI to	That I attend	ed deceesed from
6. DATE OF BIRTH	(month, day, and yeer)	200. 16th 1874	I last saw h.(^)_ elive on	NOUL	2 ,193	death is seld
7. AGE Yea	4	Deys If LESS than 1 day,hrs.	to have occurred on the date steted		f_L_m.	
E	760 11	ormin.	The PRINCIPAL CAUSE OF DEATH were es tellows:	end releted cause	of Importence	Date of onset
No least trede, profes	ssion, or particular work done, as SPINNER, , BDOKKEEPER, etc	read exorbias	Lauau	na		10.70
Industry or	business in which	an en good	(thelin)	Tuter	Culos	100
	s done, es SILK MILL, LL, BANK, etc					
this occu	ed last worked at pation (month and	11. Total time (years)				
	2	occupation	Other Contributory Causes of Import	ance:		
12. BfRTHPLACE (cit (State or cour		- Parel				
13. NAME	Only M	Asalielt-				
13. NAME 14. BIRTHPLACE	(city or town)	and the same of th	Neme of operation.	in	Dete of	
(Stete or		carstand	Whet test confirmed diegnosis?		Was there e	1/1
15. MAIDEN NA	ME Mary F	D'yer	23. If deeth was due to externel ceuse	es (VIDL ENCE) fill		
15. MAIDEN NA		0	Accident, suicide, or homicide?			
≥   (State or	country)	cary land	Where did injury occur?	(Specify city or to	wa, county and S	State)
17. INFDRMANT (Address)	Much M	Right	Specify whether Injury occurred In I	INDUSTRY, In HOW	IE, or in PUBLIC	PLACE.
18. BURIAL, CREMAT	TION, DR REMOVAL	Starke as	Menner of injury			
Place	comu	whete f 19 0 , 19 9	Neture of injury			
19. UNDERTAKER	J. Wirgi	Moor	24. Wes diseese or Injury in any wey	releted to occupat	ion of deceesed?_	
20. FILED 11/5	1932 /2	A Q Least	(Signed) (Address)	man	alski	M. D.
,-	If more	blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requ	esting U. S. No. 1	. /	

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonilis	3 days aga	
Marie Committee				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

The authorization	on to cleange age	x date of lunes
10 Shi lare 14		1 10025
All the form	2 single Jenna	7 /3 /33

Langth of residence in city or town, where death occurred.  YES. Most long in U.S. if of foreign birth?  YES. Most long in U.S. if of foreign birth?  YES. Most long in U.S. if of foreign birth?  YES. Most long in U.S. if of foreign birth?  YES. Most long in U.S. if of foreign birth?  YES. Most long in U.S. if of foreign birth?  YES. Most long in U.S. if of foreign birth?  YES. Ward.  It manufacted is several and number?  A COLOR OR RACE  OR INVESTIGATE OF DEATH  22. If married, widowed, or divorced in the body long long long long long long long long	1	STATE OF MARYLAND—	CERTIFICATE OF DEATH 11853
Village or City.  Selection of State of Country  Langth of residence in city or town where death occurred.  Langth of residence in city or town where death occurred.  Ward.  100 long in U.S. if of foreign birth?  Ward.		1. PLACE OF DEATH	R6-0
Langth of residence in city or town where death occurred.  YS		county Caroline:	Registration Dist. No. 6
Length of residence in city or town, where death occurred.  2. FULL NAME  (a) Residence: No.  (b) Lours alpiace of abode.  (C) Usuis place of abode.  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLQR OR RACE  (S. SINGLE, MARRIFD, WIDOWED, Or D. D. D. COLOR (over) city word)  5a. If married, widowed, or divorced with the companion of the city of the color of the city of the color of the city of			
2. FULL NAME  (a) Residence: No.  Qualphace of above of Chualphace of Chualphace of above of Chualphace of above of Chualphace of above of Chualphace of above of Chualphace of Chualphace of Chualphace of above of Chualphace			
(a) Residence: No. Court of the country of the coun		1.0	Trickt.
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINCLE, MARRIED, WIDOWED, Out DOUGED ("wine the word)  53. If married, widowed, or divorced (Month)  53. If married, widowed, or divorced (Month)  54. DATE OF DEATH  22. If HE REBY CERTIFY, That I ottended deceased from (Month)  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  1 aby 1 aby hrs. or winn, wind one as SPINNER, wind of work done, as SPINNER, built in this SPINNER, wind of work done, as SPINNER, built in this SPINNER, wind of work done, as SPINNER, SPINNER, wind of work done, as SPINNER, wind of work done, as SPINNER, SPINNER, wind of work done, as SPINNER, spin in this wind work was done as SILK MILL, which was done to external causes (VIDLENCE) fill in also the following:  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIOEN NAME Was and as a done of operation.  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT Was a done of a done of injury  18. Date of operation.  18. Date of nomicides of injury  18. Date of operation.  19. Date of injury  19.		026 100 010	Ct Word
3. SEX  4. COLGR OR RACE OR DIVORCE (warrie the word) OR DIVORCE (warrie the word) OR DIVORCE (warrie the word) So. It married, widowed, or divorced (Month) (Month) (Day) (Year)  18 S. It married, widowed, or divorced (Month) (Say) (Year) (Month) (Oay) (Year) (Abarth (month), day, and year) (A			
So. If married, widowed, or divorced HUSBAND or (Month)  55. If married, widowed, or divorced HUSBAND or (Month)  55. If married, widowed, or divorced HUSBAND or (Month)  55. If married, widowed, or divorced HUSBAND or (Month)  55. If married, widowed, or divorced HUSBAND or (Month)  56. DATE OF BIRTH (month, day, and year)  57. AGE  Years  Months  27. AGE  Years  Months  27. Or min.  8. Trade, profession, or particular to have occurred on the date stated ebove, at		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5a. If married, widowed, or divorced HUSBAND of (or) Wife of Order of HUSBAND of Order	1	OP D. VODCED (envire the word)	21. DATE OF DEATH
HUSBAND of (or) WIFE of Converse and Convers			(Month) (Oay) (Year)
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Oays  If LESS than 1 day, hrs. or. min.  8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEFER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month agd year)  Other Coatributery Causes of importance year)  Other Coatributery Causes of importance:  12. BIRTHPLACE (city or town) (State or country)  13. NAME  Overeauth  14. BIRTHPLACE (city or town) (State or country)  15. MAIOEN NAME (Coty or town) (State or country)  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  And Oate Oat Oate  Oate	25	HUSBAND of	
7. AGE Years Months Doays If LESS than 1 day, hrs. 27 liday, hrs. or min.  8. Trade, profession, or particular hrs. or min.  9. Industry or business in which work done, as SPINNER, SAW MILL, BANK, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation month and years) spant in this occupation worth and	.	0 19-1	
Semantic management	6.	DATE OF BIRTH (month, day, and year)	. 243/
Semantic management	1.	0 1 3 1 n 1 day,hrs.	
Semantic management	- Le	0 1 101	were es follows:
Solution	5 0	kind of work done, as SPINNER,	seale of lest home a land 10-27
12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIOEN NAME Transport Converse Suther and State of injury  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT Transport Converse Co.  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Occupation  Other Contributory Causes of importance:  Other Contributory Causes of importan		9. Industry or business in which	
12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIOEN NAME Transport Converse Suther and State of injury  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT Transport Converse Co.  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Occupation  Other Contributory Causes of importance:  Other Contributory Causes of importan	CU	SAW MILL, BANK, etc.	
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIOEN NAME Transport Catterine Suther Cause (State or country)  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT Transport (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  1982  1982  1982  10. Other Contributory Causes of importance:  Other Contributory Causes of importanc		two coordinates and the should also the	
14. BIRTHPLACE (city or town)  (State or country)  15. MAIOEN NAME Transpared Catherine Suther land  (State or country)  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT Transpared Catherine Suther land  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place Constant of the following:  Manner of injury  Manner of injur	Suo  -	0 . 0 . 0	Other Contributory Causes of importance:
Name of operation  Name of opera	130		Cardia-remail discharge
Name of operation  Name of opera	Str.		
What test confirmed diagnosis?  Was there an au opsy?  15. MAIOEN NAME Transpared Catherine Suther land  16. BIRTHPLACE (city or town) Canoline Co.  (State or country)  Where did injury occur? While well of injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Address) Federals Strag and  18. BURIAL, CREMATION, OR REMOVAL  Place Constant and Oate Act 370  Manner of injury  What test confirmed diagnosis?  Was there an au opsy?  23. If death was due to external causes (VIDLENCE) fill in also the following:  Accident, suicide, or homicide?  Where did injury occur? While well and the country and State)  Specify eity or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Manner of injury  Manner of injury  Manner of injury		Constitution Co	New of water Many 8
15. MAIOEN NAME Tranganet Cotherine Suther land  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT Value  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  (Sale or country)  19. 3. If death was due to external causes (VIDLENCE) fill in also the following:  Accident, suicide, or homicided for the following:  (Specify city or town, country and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  Where did injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  Where of injury  Manner of injury  Ma	PA PA	(State or country)	
Where did injury occur? (Specify city or town, county and style)  17. INFORMANT Which Armie M. Whiteletter injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Address) Federals bring and  18. BURIAL, CREMATION, OR REMOVAL  Place Constant and Onte No. 370  Manner of injury	. ER		
Where did injury occur? (Specify city or town, county and style)  17. INFORMANT Which Armie Mr. Whitelett, Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Address) Federals bring and  18. BURIAL, CREMATION, OR REMOVAL  Place Constant and Oate Mon 370  Manner of injury	THE CAN	16 RIPTHOLACE (sity or town) Carroline Co.	1 10-1-
(Address) Federals Price and While walking an street fe 18. BURIAL, CREMATION, OR REMOVAL  Place & aston and Oate No. 370 1982	M	(State or country)	Where did injury occur? While malking fell
(Address) Federals burg, and While walking in street fe 18. BURIAL, CREMATION, OR REMOVAL  Place Constant and Date (100) 370 Manner of injury Tracture of left human		7 INFORMANT Pruss armie In. Wright.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC FLACE.
Place Coaston and Date Nov 370 1952	_ e	(Address) Fiederals burg, Jud	
[1808 13 0 0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	C NO	Manner of injury Tractioner of left kurner
Nature of injury.	- 64	Place Coston Oate Mon 3 1962	Nature of Injury
19. UNDERTAKER Attiranglion & Son, 24. Was disease or injury in any way related to occupation of deceased? No (Address) Sederally bring, was	11	of ottorn were - free	
20. FILED NOV. 3rd, 1932 Atranslow, (Signed) M. Slyman M.	2	O. FILED NOV. 3rd 1932 Afromulton,	(Signed) M. D. M. D.
Registrar. (Address)	8		

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